

Physician Request for a Temporary Exception to Regulations

Pursuant to Health and Safety Code, Section 11876(a)(7), the Director of the Department of Alcohol and Drug Programs (ADP), may grant an exception to the State Narcotic Treatment Program Regulations when it is determined the action would improve treatment services or achieve greater protection to the health and safety of patients or the general public.

Narcotic Treatment Program Information

Licensee Name: _____
 Program Address: _____
 Telephone Number: _____
 Fax Number: _____
 NTP License Number: _____
 Contact Person: _____

Mail to:

**Department of Alcohol and Drug Programs (ADP)
 Narcotic Treatment Program Licensing Branch
 1700 K Street, Third Floor
 Sacramento, CA 95814**

or FAX to:
(916) 323-5086

Please confirm receipt by calling (916) 322-6682

Requests identified with • , require a copy of the Food and Drug Administration approval to be attached. Please check only one:

- ☐ Admission Exception to Two-Year History of Addiction, Patient Meets FDA One-Year History of Addiction - CCR 10270(d)(1)
- ☐ • Over 100 mg and More Than One Take-Home Per Week - CCR 10370(c) & CFR 291.505(d)(6)(v)(D)
- ☐ Over Seven (7) Days Take-Home Supply - Exceptional Circumstance (For travel or other) - CCR 10385(a)(2)
- ☐ • Over Fourteen (14) Days Take-Home Supply - Exceptional Circumstance - CCR 10385(a)(2) & CFR 291.505(d)(6)(vi)(B)
- ☐ • Over Fourteen (14) Days Physical Disability or Terminal Illness - CCR 10385(a)(1) & CFR 291.505 (d)(6)(vi)(A)
- ☐ • Urinalysis Testing - CCR 10310(e) & CFR 291.505(d)(2)(i)
- ☐ • Other, please specify: _____

Patient's Record Number:

Patient's Admission Date:

If approved:

Patient's Dosage Level: _____ mg Methadone ☐
 Step Level (circle one): 1 2 3 4 5 6 LAAM ☐

If Take-Home Exception:

Dates the patient will receive the take-home supply:

from _____ to _____
 (MMDDYY) (MMDDYY)

If Admission Exception:

Discharge dates of most recent treatment failures:

(1) _____ and (2) _____
 (MMDDYY) (MMDDYY)

Narcotic Treatment Program Physician Rationale for Exception Request (attach additional pages if necessary):

Urinalysis testing and an ongoing dosage exceptions will expire upon termination of the current narcotic treatment episode or a change in the patient's condition that makes this exception no longer necessary.

This exception to regulations is based on the facts noted above on the patient's present circumstances and record of compliance with the program rules. The granting of this exception does not exempt the program from federal regulations 21 CFR, Part 291, Section 291.505(d)(6)(v)(D), requiring a program physician to determine whether, in his or her reasonable judgement, a patient is responsible in handling narcotic drugs. In addition, the program is still expected to comply with all other state and federal regulations.

Please ensure that all documentation concerning this exception, including approval, is filed in the patient's record.

I have read and understand the state and federal requirements and certify that the above information is true.



Signature of Program Physician

Printed Name

Date

ADP USE ONLY

I grant this exception pursuant to a delegation of authority granted by the Director of ADP and in concurrence with requests that require the approval of the US Food and Drug Administration.

Approval Signature:

Approval Date:

